

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXV.

THURSDAY, NOVEMBER 8, 1866.

No. 15.

A CASE OF OVARIAN TUMOR. OPERATION AND RECOVERY.

By OSCAR C. DEWOLF, M.D., Northampton, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Mrs. —, of this town, consulted me in June last, with the following history:—Age, 22; married twice; miscarried April, 1862. In August, 1864, she supposed herself pregnant again; the abdomen enlarged rapidly, and she suffered considerable pain in the right iliac region. Aside from this, her gestation progressed regularly, and she was delivered of a healthy child April 21st, 1865. The abdomen was enormously distended, and after her confinement the distension was only partially relieved. Her general health had not been very good for the twenty months previous to her visit. She had suffered from an intractable tertian ague, and an occasional severe pain in different parts of the abdomen, which had required prompt treatment by fomentations and anodynes. The abdomen was regularly distended, without inclination to either side; no solid mass could be detected. The uterus was normal, and the catamenia were regular.

She insisted upon an operation, and after apprising herself and her friends of the danger she was incurring—as the adhesions were probably extensive—encouragement was given her that the removal of the tumor would be attempted. She made all arrangements for a fatal result—sent her babe to her parents in Vermont, commending it to their care, prepared her burial clothes, and approached the operation with a fortitude almost unparalleled.

After a few days preparation of rest, warm baths, &c., the operation was done August 21st, assisted by the medical gentlemen of this town. The patient was brought under the influence of ether, in a temperature of 85° Fahrenheit, and an incision five inches in length through the abdominal walls revealed the tumor, moderately adherent anteriorly. Twenty pounds of fluid were removed with a trocar, by turning the patient upon her side and passing the hand into the abdomen. Four or five small cysts were found at the base. The adhesions to the stomach, liver, right kidney and uterus

VOL. LXXV.—No. 15

were very firm, and great force was required to rupture them. The peduncle was on the right side, not long, but very broad, and was tied by transfixing with a double thread of silk, tying upon both sides; the ligatures were cut close off and returned within the abdomen. There was free bleeding from the broken-down adhesions, which subsided after exposure for a little time to the air. The blood was removed by warm sponges, and the abdomen closed by three silver-wire sutures passed through the peritoneum, and by three superficial ones of the same material. The patient was put to bed, and flannel cloths wrung out in warm water were placed upon the abdomen and covered with oiled silk, and a previously prepared bandage snugly applied. She complained of a distressing nausea for the first thirty-six hours, and vomited several times. Only small bits of ice were taken by the mouth. Injections of six ounces of beef-tea, with sufficient amount of McMunn's elixir to ensure rest, were given every six hours. The bladder was evacuated by catheter four times every twenty-four hours. On the third day she was permitted to swallow half an ounce of beef-tea every three or four hours; the fomentations and injections of beef-tea were continued; the opium was omitted. On the fifth day she was menstruating, ten days prematurely. She was suffering from an irritative fever; pulse 125; the region of the stomach was very sensitive, and complaining of nausea. Vomited two or three times. The abdominal incision had closed, and the sutures were all removed. No abdominal distension. Opium again added to injection. Her symptoms gradually amended after the sixth day, and from this until the fifteenth day her progress towards recovery was marked and uninterrupted.

On the fifteenth day, she complained of pain in the region of the ligated pedicle. Abdomen slightly tympanitic, and very sensitive over the right iliac region. The facial expression was bad; lips thin, pale and separated; forehead corrugated. Pulse 125, feeble and irregular. Perspiring freely. Stomach quiet. She was ordered port wine with beef-tea, all she could take by the stomach; with three grains of sulphate of quinine, thirty drops of McMunn's elixir of opium, in six ounces of beef-tea, every six hours by injection. She again rapidly improved, and from this time has given me no anxiety. On the thirty-fourth day she was about her house.

Oct. 3d, she left town to visit her friends in Vermont, perfectly recovered.

*Northampton, Mass., October 8th, 1866.*

---

**ARTIFICIAL LIMBS.**—The Medical Department of the Army, up to May 11th, 1866, had furnished to disabled soldiers the following artificial limbs:—arms, 2134; legs, 3784; hands, 144; feet, 9; other apparatus, 104; at a total cost of \$357,728.

## DR. WEBBER'S ESSAY ON CEREBRO-SPINAL MENINGITIS.

[Continued from page 264]

WE see here that those who live at a distance from marshes or bodies of water may feel the influence of their presence by means of fogs and vapors; and also may by their daily occupation be obliged to expose themselves to unhealthy influences at a distance from their homes, or by changes of place may experience great changes of temperature.

Montgomery, Ala., where this disease appeared in 1848, is situated on a bend in the Alabama river. An amphitheatre is formed by the hills which are in the back part of the town and circle round to the river on either side. The land on the opposite side of the river is alluvial, and is often overflowed; above the city, on the same side, are prairie lands. Thus a part of the city is on low land in the immediate neighborhood of inundated and flat land; a part is also elevated, well drained and dry. About 250 cases occurred, and only 100 of these were above the base of the hills.\*

During the late epidemic, a few cases have been recorded in which the situation of the places where this disease occurred was noticed.

Dr. J. B. Upham gives a very full account of the circumstances in which the subjects of the epidemic at Newbern were placed. The town of Newbern is described as "built on a flat and sandy soil, raised but a few feet above the water. The country around is level, alternating with sandy plains and swamps for the distance of a mile or more from the outskirts of the town, beyond which begin the endless pine forests, almost impenetrable, with marshes and tangled undergrowth." The troops were protected partly by tents and partly by barracks. The latter "were built late in the autumn. They were made of green stuff—hard pine mostly—the logs being taken newly cut from the forest, or drawn out from the water, where they had been lying for a few weeks, sawn into joists and boards, and used in the fabrication of all parts of the building. Thus constructed, they were necessarily cold and damp, and redolent of pitch and paludial moisture." He describes the manner in which the barracks were built and the internal arrangement, and then says:—"In the best of circumstances it will be seen, the supply of air is entirely inadequate and the ventilation imperfect; while light and warmth, owing to the projection of the bunks, cannot be generally diffused throughout the apartment." The regiments which suffered most were those recently enlisted and that were quartered in the barracks. "The 44th (Mass.), which suffered most, was nearest the bank; quite near the camp lay a couple of marshy bogs, small in extent, through which flowed a sluggish stream to the river." Some cases occurred also among the troops quartered in tents, but there were only a few such.†

---

\* Dr. Ames, American Journal of Medical Sciences, vol. xvii.

† Boston Medical and Surgical Journal, vol. lxxviii.

Dr. Robert Burns says:—"The first point requiring consideration is the hygienic condition of the dwellings and the locality in which patients reside." He then mentions these circumstances with regard to the residence of his first case, an Irishwoman, 36 years old, who lived in a frame house without any cellar; on one side of the house there was a lane with very imperfect drainage, having at all times in its deep gutters stagnant water. Hog-pen and other outbuildings were in position close to the house. On the lower story one room was occupied as a vegetable store and grocery, the other as a kitchen. The second case reported was that of a woman who lived near the first one, in a brick building, very damp, with water in the cellar. His third case resided in a low, wet situation, and had exerted herself in taking care of several fatal cases of the disease about 150 feet in the rear of her house. The fourth case was that of the brother of the second, and he was with his sister much during her sickness.\*

Dr. Stillé reports the case of a young man, who resided in a healthy situation and was employed in a wholesale dry-goods store; nothing unhealthy seems to have been connected with his business.†

Prof. J. S. Jewell, of Chicago, gives a brief account of the disease as it appeared in Williamson County, Ill. He describes that portion of the State as generally level and somewhat low, though occasionally broken, and furrowed by sluggish streams, which are frequently bordered by extensive alluvial bottoms, with marshes interspersed here and there, and as a general thing heavily timbered, except when removed for the purposes of agriculture or interrupted by occasional oak openings, or barrens and small prairies.‡

In nearly every instance above recorded, and which are the only cases where the nature of the locality in which the disease occurred has been mentioned, lakes, rivers, swamps and low ground likely to be inundated, or damp houses with water in the cellars are noticed as found in the places where the disease appeared. Can it be doubted that such situations are favorable to its prevalence?

The influences, then, which have been recognized as causes of this disease are—unusual fatigue, which seems to have a peculiarly powerful effect on soldiers lately enlisted; all debilitating influences; over-crowding in badly ventilated apartments; want of cleanliness; sudden variations of temperature, especially when combined with damp and wet weather; a situation near marshes or considerable bodies of water, and lack of proper drainage. Contagion has but little influence, except, as previously stated, under very favorable circumstances. Malaria has been mentioned by some observers; but if they mean that condition of the atmosphere which causes periodical diseases, and not a peculiar influence, *sui generis*, upon which this epidemic depends, there is no evidence of its existence.

\* American Journal of Medical Sciences, April, 1865.

† Ibid, July, 1864.

‡ Transactions of the Illinois State Medical Society, 1864.



Undoubtedly an epidemic condition of the atmosphere is the principal cause of this affection. The other causes do not all exist at the same time, and sometimes none of them can be discovered; and, again, most of them may co-exist without giving rise to this peculiar disease. We must, then, refer it to some hidden and hitherto undiscovered cause operating upon all and producing the disease only in those most susceptible to its influence, or who have been most exposed to the predisposing causes, and that cause has been called "an epidemic condition of the atmosphere," which will answer well enough until its true nature is discovered. Whatever this influence is, it has frequently affected other diseases, assimilating them more or less to this one.

Dr. Comstock says, with regard to the epidemic which occurred in Rhode Island in the early part of this century:—"It has a great aptitude to combine with other diseases, and even to modify and alter those of the most stationary kind, as consumption. It has been known to combine with bodily injuries."\*

Dr. Hale says, "It influences the nature of all diseases."†

Dr. Miner remarks:—"For eight or nine months it was difficult to find a case of acute disease that did not partake of the epidemic constitution, under whatever head it might be nosologically classed."

Prof. de Rienzi says that almost all the inhabitants of Mignano, in February, 1840, were affected by the epidemic influence, and suffered from giddiness, lassitude and great depression of spirits.‡

At Gibraltar, in 1844, both before and during the epidemic of meningitis, it was noticed that in indisposition from any cause, there was a tendency to headache, more or less severe; the occiput being oftener than usual the seat of pain, and the muscles of the back part of the neck being also frequently affected with aching.§

Dr. Nivison says that this disease "impressed its own character on other diseases, so that a decided typhoid tendency was visible in almost all diseases." He also mentions that it appeared in one case during an attack of mumps. The mumps disappeared, and returned after recovery from this disease.||

At New Orleans, January, 1850, the negroes were principally affected, yet among the whites several patients presented strange head symptoms.¶

I have found no notice of this tendency to influence other diseases during the late epidemic, though in a few cases persons otherwise healthy have been troubled with severe headache.

#### NATURE.

Cerebro-spinal meningitis is usually considered a disease of de-

\* Medical Repository, New Series, vol. iii.

† Philadelphia Journal of Medical and Physical Science, vol. i.

‡ Medical Examiner, New Series, vol. i.

§ Dr. Gillkrest, London Medical Times and Gazette, vol. xxxiv.

|| New York Journal of Medicine, September, 1849.

¶ Fenner's Southern Medical Reporter, vol. ii.

bility. The name is, perhaps, unfortunate, for there is not a simple inflammation of the meninges; indeed, sometimes they are not in the least affected, the force of the disease being expended upon other organs.

This disease seems to be dependent, at least in part, upon a change in the character of the blood. What the change is, we cannot say; but we know it exists, for we see its effects.

In a large majority of the cases where the condition of the blood was noticed, it was much more fluid than natural and of a very dark color; where clots existed they were unusually soft. Moreover, similar morbid appearances were found in different parts of the body, as the brain, lungs, heart, abdomen and glandular structures; in each of these there were marks of inflammatory action; they were not all found in the same person, but in one there was effusion of lymph in the cranium, coating the membranes and penetrating into the ventricles; in another, the lungs were inflamed, as in pneumonia, and in others lymph was found in the pericardium surrounding the heart; again, the intestines exhibited marks of inflammation and even ulceration, or the glands—the parotid, the lymphatic and mesenteric glands—were inflamed and even suppurated.

Now here are different organs, situated in distant parts of the body, affected in almost precisely the same manner. Evidently the cause of these changes, whatever it may be, must exert an influence, direct or indirect, wherever the diseased action is found. The blood and the nervous influence, so far as we know, are the only agents which can do this. We can realize that blood whose visible character is so much changed as is the case in cerebro-spinal meningitis, may produce an abnormal influence. The derangement in the nervous power we do not so easily recognize nor so fully understand, yet it is very reasonable to suppose that it coöperates with the abnormal blood in producing the changes referred to. The tissues may, doubtless, by their condition be so circumstanced that in one person one organ, and in another person some other organ may be first affected; they are predisposed by previous disease, hereditary influence, the influence of occupation, one part being excited and overworked, while another is allowed a larger proportion of rest, or by the peculiar epidemic condition of the season, to yield more readily to the exciting cause found in the morbid blood. And a change having commenced, they may react on the blood so as to perpetuate its diseased condition.

Paget says:—"We may speak much less equivocally of the influence of the state of the blood itself in causing inflammation; for there can be little doubt that a very great majority of the so-called spontaneous or constitutional, as distinguished from traumatic inflammations, have herein their origin. In all these cases local inflammations are the external signs of the general affection of the blood.

"If it be asked why a morbid material is determined to one part

or tissue rather than another, or why, for example, the skin is the normal seat of inflammation in smallpox, the joints in rheumatism, and so on; I believe we must say that we are on this point in the same ignorance as we are concerning the reason why the materials of sweat are discharged at the skin, those of urine at the kidneys. We cannot tell why these things are so, but they are familiar facts, and parallel with what I here assume of the incorporation of the morbid materials derived from the blood."

It is worthy of notice, however, that in many cases where seemingly different organs have been affected, it was the serous membrane which suffered most. If it could be proved that that membrane was alone affected, the argument with regard to the influence of the blood would be weakened; but other portions of the organs besides the serous lining have usually been found changed: in the brain, the cerebral substance; in the lung, the parenchyma; in the heart, the muscular fibre; in the stomach and intestines the mucous membrane, have been found softened or otherwise diseased.

That there is inflammation of the brain or its membranes, the symptoms and *post-mortem* appearances indicate; and so likewise when the disease attacks especially the lungs, there are evident signs of inflammation; the swelling, pain and suppuration in the vicinity of the parotid and lymphatic glands, or in the neighborhood of the joints, would under other circumstances be called inflammation.

It may be objected that the disease is not active enough to be inflammatory; possibly not, as that term was formerly understood, but now it is admitted that it may coexist with a general decrease in vital power, with debility, in fact.

Dr. Tanner says, in the last edition of his *Practice of Medicine*:—"In many instances of inflammation there is depressed nervous power and impaired action of the heart."

Mr. John Simon says:—"Further, the quality of the pulse during inflammation, and generally that look of vehemence in the febrile process which depends upon the circulatory system taking an active part in the production of symptoms, will be almost unlimitedly influenced by the more or less vigor of the patient. With weakened nerve power, with feeble heart structure, there can be no strong, hard pulse; nor can the pulse be otherwise than soft or small when the bloodvessels are half emptied of their contents."\*

Paget remarks:—"So far, then, as the proper substance of the inflamed part is concerned, there appears to be decreased action; that is, decreased formation. There may be, indeed, an increased absorption; but this is also, in one sense, characteristic of decreased exercise of vital force; since all absorption implies a previous degeneration of the part absorbed. Nor can we justly call this, in any sense,

---

\* See Holmes's Surgery.

‘increased action,’ till we can show how absorption is an action of vessels.”

“From these considerations we may conclude that the productive part of the inflammatory process is not declaratory of the exercise of a large amount of formative or organizing force; and this conclusion is confirmed by observing that development, which always requires the highest and most favored exercise of the powers of organic life, does not occur while inflammation lasts. The general conclusion, therefore, may be as well from the productive, as from the destructive process, that it is accomplished with small expenditure of vital force; and that even when large quantities of lymph are lowly organized, such an expression as ‘increased action’ cannot be rightly used, unless we can be sure that the defect of the formative power exercised in the proper tissue of the inflamed part, is more than counterbalanced by the excess employed in the production and low organization of lymph.”

Dr. Chambers, in his book entitled “Renewal of Life,” also advocates that all diseased action is diminished action, that there is no increased vitality in parts abnormally changed.

If this disease is, as has been supposed, dependent upon an altered condition of the blood, whether produced by the introduction of a poisonous principle from without, or by a change within itself in its usual constituents, it would not be reasonable to expect this altered blood to sustain as great vitality and as high action as healthy blood; debility might be expected.

We have, then, evident marks of local inflammation, and there is nothing in this naturally opposed to debility as the two terms are now understood.

It may be concluded that cerebro-spinal meningitis is a disease of debility, accompanied with or complicated by local inflammation, caused by an altered or morbid blood. What the alteration is, how the morbid material is communicated to that fluid, whether it is cryptogamic, as has lately been discovered with regard to the cause of measles and of periodical fevers, or whether it is animal or gaseous, we do not know. Probably the condition of the tissues and the nerves also operates largely in producing the disease.

Cerebro-spinal meningitis has been considered by some identical with influenza. But the symptoms are not the same; coryza is wanting, and sneezing is not general in cerebro-spinal meningitis; the head symptoms are not so severe in influenza; the rate at which they travel over the country is entirely different; influenza is rapid, passing quickly from one place to another, and not remaining long anywhere; cerebro-spinal meningitis, however, passes from place to place with much less rapidity, and sometimes remains so long as to become almost endemic. Influenza, also, is a slight affection, when the small number of deaths in proportion to the number attacked is considered; and the fatal cases are found principally among the very young or

very old. Just the reverse of this is seen in meningitis—it is very fatal among all classes and ages.

There is more similarity between the disease we are considering and typhus fever; indeed, many have concluded that it is only a species of that disease, with determination to the head.

The accompanying table will show at a glance wherein these diseases are similar and dissimilar.

<i>Symptoms of Typhus resembling Cerebro-spinal Meningitis.</i>	<i>Symptoms of Typhus not resembling Cerebro-spinal Meningitis.</i>	<i>Symptoms of Cerebro-spinal Meningitis.</i>
Sometimes prodromes; often commences suddenly.	Eruption rarely absent. Eruption appears on the 4th to 7th day.	Occasionally prodromes; usually commences suddenly. Eruption often absent. Eruption appears on the first or second day. Purpura and vibices. Herpes, especially on lips. Tongue occasionally dark colored.
Purpura and vibices. Herpes on lips and elsewhere. Tongue generally black or brown.	Occasionally nausea, rarely vomiting. Delirium seldom before end of first week. Delirium often furious.	Nausea and vomiting not uncommon. Delirium early, often on first day. Delirium usually talkative and quiet. Delirium becoming coma much earlier. Pupils usually dilated.
Pupils sometimes dilated.	Delirium becoming coma on ninth or tenth day. When delirium sets in, pupils contracted. Headache ceases when delirium commences.	Headache continues after delirium begins. Tenderness of surface. Subsultus tendinum, though not so common. Convulsions earlier.
Tenderness of surface. Subsultus tendinum.	Convulsions not earlier than seventh day.	Rigidity of muscles.
Rigidity, especially of the flexors.	Opisthotonos very rare. Rarely inflammation of the brain. Skin usually dry.	Opisthotonos common. Inflammation of the brain common. Skin not often very dry. Pulse 80 to 140. Pulse generally irregular. Great prostration. Usually constipation; occasionally diarrhoea; stools often dark. Urine sometimes diminished.
Pulse 80 to 140.	Pulse generally regular.	Sometimes albuminuria. Sometimes complicated with pneumonia. Complicated with sore throat. Inflammatory swellings and buboes, especially of the parotid and submaxillary.
Great prostration. Usually constipation; occasionally diarrhoea; stools often dark. Urine often diminished.	Amendment on tenth to sixteenth day. About one in five dies. Fatal between twelfth and twentieth day, sometimes on first day.	Complicated with sore throat. Inflammatory swelling of the parotid, lymphatics about the neck and in other places. No stated period of amendment. About one in three dies. Fatal earlier, between second and sixth day, not unfrequently on the first day. Moderately contagious.
Sometimes albuminuria. Sometimes complicated with pneumonia. Accompanied by sore throat. Inflammatory swellings and buboes, especially of the parotid and submaxillary.		
Moderately contagious.		

*Pathology in  
Typhus resembling Cerebro-  
spinal Meningitis.*

Blood fluid and dark.  
Lungs rarely healthy; usually hypostatic congestion, sometimes amounting to consolidation; both equally affected; œdema at times.

Spleen enlarged and softened.  
Liver softened.

*Pathology in  
Typhus not resembling  
Cerebro-spinal Meningitis.*

Pneumonia not common, 43 in 288 cases.

Occasionally recent pleurisy.  
Not mentioned.

Rarely signs of inflammation in heart.

Liver not enlarged.  
Peyer's glands healthy; no signs of inflammation in the intestines.

"*Post mortems* show that inflammation of the brain or its membranes rarely if ever occurs, even as complication, in typhus."

*Pathology in  
Cerebro-spinal  
Meningitis.*

Blood fluid and dark.  
Lungs, when affected, showing hypostatic congestion; sometimes exudation of blood into their parenchyma.

Pneumonia not so common, except when that form is epidemic.  
Pleurisy not observed.

Effusion of lymph into the pericardium.

Marks of inflammation in heart.

Spleen enlarged and softened.

Liver softened.  
Liver enlarged.

Inflammatory spots on the intestinal mucous membrane; Peyer's patches enlarged and sometimes ulcerated, though not as in typhoid fever.

Principal and most frequent lesions show inflammatory action within the cranium and spinal canal.

## REVERSED POSITION OF LIVER, SPLEEN AND HEART.

[Communicated for the Boston Medical and Surgical Journal.]

Soon after the commencement of lectures in the Albany Medical College, a colored subject was received at the dissecting room. The weather being very warm, the body was put in Goadby's solution, the cavities of the abdomen and thorax being merely pierced to allow the gas to escape. After a few days it was deemed best to remove the viscera of both cavities, to prevent decay and putrefaction. After opening the abdominal cavity, I removed the intestines from below upwards, beginning with the rectum. When I came to the liver and spleen, I found their position reversed—the spleen on the right and the liver on the left side. The large lobe of the liver and the gall bladder were situated entirely on the left side, and the small lobe on the right side of the large lobe. The liver was otherwise normal, the parts and position only being reversed. The spleen was also normal. On opening the thoracic cavity, I found the heart also reversed, the apex pointing to the right, and situated about three or four inches from the centre of the sternum. The cavities of the heart were also reversed, the right auricle being on the left side, and the other cavities in the same way reversed. The ascending vena cava crossed over to the left and entered as usual. The aorta twisted round so as to descend in nearly the same position. I regret that the parts were too much decayed to admit of injection and pre-

paration as a dried specimen. Deceased seemed to have attained about the 22d year. The body was well developed, and nothing unusual could be found externally. Nothing could be ascertained about the previous history of the case.

G. TRESKATIS, M.D.,

*Demonstrator of Anatomy, Albany Medical College.*

---

---

#### CASE OF CHOLERA.

[Communicated for the Boston Medical and Surgical Journal.]

At 10, A.M., on the 3d inst., I was called to visit a woman in a house on Hanover Street, in this city, and as there are some interesting points in the case, I give the following brief report of it.

Elizabeth Gardner, æt. 27, was taken ill at 5 o'clock, on the morning of the 3d, with vomiting and purging. Her husband had been taken ill in a similar manner on Sunday, and died on Tuesday, the 2d. (Dr. Ayer, I understand, was in attendance.) Mrs. Gardner attended him through his illness, but I could not learn that she had any diarrhœa, or other premonitory symptoms up to the time of attack, which was quite sudden. The vomiting, though distressing for a short time, was not profuse, and the same may be said of the alvine dejections, which indeed had entirely ceased at the time of my visit. Cramps, however, had supervened; her strength rapidly failed, and on my arrival she was on the verge of complete collapse; pulse at the wrist imperceptible, extremities cold, skin livid, nails discolored, burning pain and oppression at the præcordia, and jactitation.

I prescribed the usual remedies:—Tr. opii, gtt. xxx.; spt. vini gall., § ij. M. Ft. haust., rept. pro re natâ; friction, bottles of hot water, sinapisms, &c. For a time it seemed as though our endeavors might prove successful, but about noon she again began to sink, and died at 6, P.M., thirteen hours from the first attack of the disease.

Dr. Williams, who saw the patient with me, regarded the case as hopeless from the time we saw it, being of that type which experience has shown to be but little amenable to treatment.

The case is interesting from its similarity in many points to that of the late lamented Dr. Gould; the slight dejections and scanty vomitus (which, however, were of the characteristic appearance), the temporary and fallacious appearance of improvement, and the utter inutility of treatment of the most energetic kind, to prevent the approaching collapse, were similar, and testify to the extreme malignity of the disease.

Could the woman have contracted the disease by attendance on her husband? This supposition would necessitate our acceptance of a much shorter period of incubation than that generally supposed, unless we admit that the disease, if contagious at all, is so during the preliminary stage, and before serious symptoms manifest themselves.



I could not ascertain that either the woman or her husband had been in any way exposed to contagion.

3 North Square, Boston.

JOHN RYAN.

### Bibliographical Notices.

*Medical Diagnosis, with special reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases.* By J. M. DaCOSTA, M.D., Lecturer on Clinical Medicine and Physician to the Philadelphia Hospital, President of the Pathological Society of Philadelphia, &c. Illustrated with Engravings on Wood. Second Edition, revised. Pp. 784. Philadel.: J. B. Lippincott & Co. 1866.

THE early appearance of another edition of this work is satisfactory evidence that the popularity we predicted for it at the time of its publication, only two years ago, has been attained. It has everywhere met with a reception from the medical press and the profession which must be gratifying to the author, and has been adopted by the student of medicine as if prepared for him alone. Nearly one hundred pages, with twenty-two wood-cuts, have been added in the present edition, principally to the chapters on Diseases of the Brain, of the Larynx, and on the Urine and on Parasites. This is nearly all new and important material, and enhances the value of the volume materially. There are, however, one or two portions which are strikingly inferior to the general character of the book, such as the chapter on Skin Diseases, which it would have been better to have omitted altogether. It is published in the same beautiful form as the former edition.

*Manual of Materia Medica and Therapeutics. Being an Abridgment of the late Dr. Pereira's Elements of Materia Medica. Arranged in conformity with the British Pharmacopœia, and adapted to the use of Medical Practitioners, Chemists and Druggists, Medical and Pharmaceutical Students, &c.* By FREDERIC JOHN FARRE, M.D., F.L.S., Lecturer on Materia Medica in St. Bartholomew's College, &c., assisted by ROBERT BENTLY, M.R.C.S., Professor of Botany in King's College, &c., and by ROBERT WARRINGTON, F.R.S., Vice President of the Chemical Society, &c. Edited by HORATIO C. WOOD, Jr., M.D., Professor of Botany, University of Pennsylvania, &c. With 236 Wood Engravings. Pp. 1030. Philadelphia: Henry C. Lea. 1866.

THIS is a very complex title-page, and is perhaps the best testimony that can be presented as to the value and variety of labor which has been expended upon this volume in its present state. The original work of Pereira was an exhaustive treatise, and will long remain the storehouse of learning from which our information on materia medica will be largely drawn. It was so large, however, that it had become almost a special cyclopædia, and could not be well used as a text-book or volume of handy reference. After the death of its distinguished author, therefore, the editor undertook, with the assistance of the gentlemen whose names are associated with his own above, to reduce

it to a more convenient size by omitting all remedial agents except those strictly pharmacological, all of the latter which were not contained in the British Pharmacopœia, and all classifications except that upon which the work is based, viz., the chemical, botanical and zoölogical; at the same time abridging in many instances the original descriptions. In this way the book was cut down two thirds in size, in spite of the large number of additions by its able editors, and although no longer Pereira's great work, it made a very valuable manual for physician and student. In this form, however, it was in no way adapted to the use of the medical public in this country, and to make the labors of the British Editors available to us, Dr. Wood, of Philadelphia, has issued it as it now appears. The U. S. Pharmacopœia has everywhere been introduced, with its processes, and over one hundred notices of articles of materia medica have been added or substituted in its pages. Much of this new matter is of real value, and adds much to the character of the American Edition. It is profusely illustrated, although poorly in some parts, and is published in a handsome form. It will fill a place which no other work can occupy in the library of the physician, student, and apothecary.

---

*On Spermatorrhœa; its Causes, Symptomatology, Pathology, Prognosis, Diagnosis, and Treatment.* By ROBERTS BARTHOLOW, M.D., Professor of Physics and Medical Chemistry in the Medical College of Ohio; Lecturer on Clinical Medicine to St. John's Hospital, Cincinnati, &c. Pp. 112. New York: William Wood & Co. 1866.

This little book is a well-written and judicious essay on Spermatorrhœa considered under the above divisions, which we can recommend to the perusal of our readers. The valuable and practical instruction on treatment it contains will be found worthy of careful study by all who are consulted upon this neglected affection.

---

*A Treatise on the Origin, Nature, Prevention, and Treatment of Asiatic Cholera.* By JOHN C. PETERS, M.D. Pp. 162. New York: D. Van Nostrand. 1866.

The cholera is discussed in this last and perhaps best of the many volumes published this year upon this subject, under the following divisions:—Origin, Course and Distribution, Nature, Theories, Prevention, and Treatment. The author is a firm believer in the communicability of the disease, as will be seen by the following expression of his opinions, which he gives as those "maintained by the most experienced and scientific physicians of the times:—

"1st. That Asiatic cholera is both portable and communicable.

"2d. It is generally carried about by persons, ships, clothing and baggage.

"3d. It never affects the entire atmosphere of any one country, district, town, or village, and rarely that of the whole of one hospital, ship, or house; but only those parts of them into which it is directly imported.

"4th. That the quality of infectiousness belongs peculiarly, if not exclusively, to the matters which the cholera patient discharges by vomiting and purging.

VOL. LXXV.—No. 15A

" 5th. That cholera discharges, if cast away without previous disinfection, impart their own infective quality to the excremental matters, or any more innocent filth with which they mingle in drains or cess-pools, and wherever else they flow or soak, and to the gases and effluvia which these substances evolve; thus poisoning the air and subsoil water.

" 6th. That no amount of filth, imprudence, or diarrhœal disease, without the addition of this peculiar cause, will give rise to true Asiatic cholera in temperate climates.

" 7th. That if the cholera poison, by leakage or soakage from drains or cess-pools, or otherwise, gets access, even in small quantity, to wells or other sources of drinking water, it will infect, in the most dangerous manner, very large volumes of this fluid.

" 8th. That the cholera poison affects, with equal virulence, everything in the nature of bedding, clothing, towels, and the like, so that the soiled linen of a single house in which there is a cholera patient may spread the disease over a whole district.

" 9th. That there is scarcely any limit to the extent which even a single case of cholera or cholerine may infect a whole neighborhood.

" 10th. The counteracting and remedial agents are simple and efficient. Whenever the disease has manifested itself, even in its slightest form, thorough disinfection must be enforced. With this single precaution no epidemic gives less excuse for any unmanly or excessive fear, since none seems to involve less of danger to those around.

" 11th. As cholera only affects the air of certain localities, there is not the slightest necessity for any of those general departures from the ordinary mode of life and diet which were formerly recommended. The golden rule is to live temperately, naturally, and well.

" 12th. Finally, no case of diarrhœa, cholera morbus, or dysentery, can be converted into cholera unless the patient has also been exposed to the peculiar infection of this disease."

In his review of the arguments cited against contagion, Dr. Peters says of the poisonous nature of the discharges:—

" The communicability of the disease does not correspond with the time when the dejections are voided; but is only developed a few days subsequently, and seems to be exhausted at the end of fifteen to twenty-one days. This peculiarity has been traced to the fact that the rice-water discharges only become poisonous after a while; for the first few days they are innocuous; then, as decomposition proceeds, they become morbid, and capable of re-producing the peculiar disease of which they were the product. And still more strangely, after a few days more, when decomposition has reached a farther stage, the contagious property of the evacuations ceases. These great facts account for the impunity with which careful and cleanly persons may wait upon those sick with cholera; for the mysterious and sudden outbreak of the disease, and for its equally sudden subsidence. These points have been proved, in the following ingenious way:—pieces of filtering paper, soaked in the rice-water discharges, have been given to mice, mixed with their food, and it was found that papers steeped in the very recent, and others dipped in the older discharges, proved alike harmless. But of thirty-four mice that ate papers impregnated with excretæ of an intermediate date, thirty be-

came sick, and twelve died; while the symptoms and appearances noticed after death, are declared to have been similar to those that are proper to cholera as it is seen in the human subject."

The reader will find this volume very interesting throughout, and the chapter on treatment particularly instructive.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON: THURSDAY, NOVEMBER 8, 1866.

---

### INTRODUCTORY LECTURE TO THE WINTER COURSE AT HARVARD MEDICAL SCHOOL.

THE opening lecture of the winter course was delivered on the 7th inst., at the Medical College in Grove St., by Prof. Brown-Séquard. The occasion was one of much interest, as, although Prof. Séquard's name has stood for several years on the roll of teachers, untoward circumstances have kept him until now almost a stranger to the medical class. The great reputation of the lecturer called together a large audience, among which were some of the most distinguished cultivators of natural science in our neighborhood. Prof. Séquard was received with great enthusiasm by his hearers, and seemed not a little oppressed by the ardent manner of his reception. After a few modest words of acknowledgment, he entered at once upon his discourse, which was an essay upon the best methods of study for a student in the responsible profession which his hearers had elected to follow. As might have been expected, from the special direction which the lecturer's investigations have taken for years past, he greatly magnified the importance of physiological pursuits, as opening to the medical profession the true way to the only accurate knowledge of disease and its treatment. The time is not far distant, he said, when this treatment must be specifically based upon an exact knowledge of the physiological action of the organs implicated. He made an earnest appeal to his hearers to rise above the level of a merely professional standard in their studies, and to aim themselves to add each his contribution to the stock of truth. He urged a patient and constant exercise of the faculties of observation, encouraging them to believe that such exercise would develop powers which at first they could not have looked for, so that in time they would find themselves surrounded by new discoveries. He spoke of several of the intellectual faculties which would be found thus to grow by use, just as the muscles of a dancer or the wonderful dexterity of a juggler are developed by constant, unremitting practice.

Prof. Séquard proceeded next to urge upon his hearers the duty of courageous, independent judgment and investigation in their studies. In doing this he pointed out numerous ways in which they might be deceived, leading to physiological errors, of which many are still current in medical literature, but which any careful observer, gifted with a little common sense, might easily expose. Some of those which he mentioned are, too great readiness to admit as true statements put forth as such, notwithstanding they are contradicted by facts—the

ready acceptance of a theory, although incompatible with known facts—the too great submission to the authority of learned societies in support of statements having their sanction—and the omission of some circumstances greatly influencing the question at issue. Each of these sources of current errors he illustrated in a most instructive manner from established facts in the history of medicine.

Addressing himself especially to the students, Prof. Séquard again urged on each one the importance of depending on his own exertions in the study of his profession. He inculcated the great importance of active mental effort while they were hearing the lectures addressed to them, so that they might not be passive recipients merely of the words of others. Without such an effort, he said, the greatest genius in the lecturer could never do much towards the education of the student. In this connection he gave some excellent advice about methods of study. He urged the great value of direct physiological experiment on the lower animals of feeble sensibility, and vindicated such studies, for the important object for which they are pursued, from the charge of unnecessary cruelty. Although he disliked to appeal to so low a motive as the hope of professional success, he felt it was but just to say, that the most successful practitioners in the old world, particularly in Great Britain, had all been physiologists.

Another error which he felt it important to mention was the liability to deny the existence of facts because we cannot explain them. This he illustrated in a most interesting and curious manner.

Prof. Séquard's address concluded with some words of hearty encouragement to all, however much they may be absorbed in the active duties of an arduous profession, to hope that they may add something of value to the common stock of truth; pointing out a variety of subjects which might be greatly elucidated even by men whose whole time nearly is thus devoted.

We have given but a meagre outline of this most valuable discourse, which is worthy of being perpetuated in a less perishable form. We hope, for the advantage of the whole profession, it may be given to the world in print.

---

#### THE DECAY OF NEW ENGLAND.

THE following communication suggests a grave source of error in the article quoted in our last week's editorial. The prospect of the utter blotting out of the New England race, as there presented, was so startling, that we feel under great obligations to our friend for his correction.

MESSRS. EDITORS,—Permit me to point out what I conceive to be errors in the deductions drawn from the vital statistics of Massachusetts, commented upon in the interesting article of your last number.

The deaths among Americans are said to exceed the births among Americans more than nine thousand. In point of fact, I think children of foreign parents, when they are born, are classified as *foreign*, and when they die as *American*. In other words, the births on American soil are distinguished as to parentage, while the deaths are not. This, of course, deprives the figures quoted of any value as illustrating that line of inquiry.

I know of no way in which the percentage of children surviving the

first five years in families of American or foreign origin can be reached, but the experience of physicians in our large towns leads me to the belief that the difference would be found to be as striking as any of those referred to by the writer for the *New York Observer*. I think another fallacy may be found in the inferences drawn from an examination of family registers. To make the observation complete, a record of many contemporary families should be given. Some sturdy ancestor, with a dozen children, has transmitted enough of vitality in his stock to keep it alive for many generations, but how many of his friends and neighbors were equally vigorous is not shown. Certain it is, ever since the settlement of the country, family names have been continually disappearing. D.

APROPOS to the above the following abstract from the Proceedings of the recent session of the British Association for the Advancement of Science, is interesting; we find it in the *Medical Times and Gazette* of September 29th. We shall look for the paper in full with much interest.

"On the Comparative Vitality of the Jewish and Christian Races. By Dr. RICHARDSON. In this paper, which created considerable interest, Dr. Richardson proceeded to consider the following question:—"Whether the fact of race specifically modifies the vitality or the value of life of a people?" In the present instance they had a race living through centuries, often under great privations, intermarrying, taking in no new blood, and yet showing a higher vitality than other peoples. How was this, he asked. Was it race? Was it habit, manner, or custom? He would quote Mons. Boudin on this question, who said—"Here is a race which counts less marriages, a less number of children, and enjoys a longer duration of life." Were these, therefore, the signs of a congenital superiority of organization, or of a more energetic *vis insita*? Although throughout Germany the Jews might be considered poor, yet their mortality was less than that of the Christians. The principal cause of this difference lay in the fact that the poor Israelites were always frugal and temperate. Seeking information from the learned statistician Legoyt, they found him expressing the following—"Marrying earlier in life than the Christians, the Jews enjoy longer the conservative influence of matrimony; statistics having shown the injuriousness of celibacy as concerns the duration of life. The fecundity of their marriages being less, the Jews rear their children more successfully. They very rarely enter into occupations requiring hard labor, attaching themselves instead to pursuits of commerce, banking, science, literature, and public offices." Dr. Richardson's own views on the question were that the Jews, though not by any means up to any grandly developed physical standard, enjoyed good health, and retained their primitive advantages by the force of surrounding conditions. In conclusion, he did not think their vitality arose from traditional superstition or special hygienic laws, but from temperance, faithfulness, and prudence.

"A gentleman pointed out that the Jewish nation was nowhere a hard-working class in a muscular point of view. They were singularly a brain-working people, and could not be put in comparison with other

nations not so situated. He considered that in that, to a great extent, would be found a solution to the problem of their peculiarly favorable vitality."

*Weakly Children.*—If weakly children are tided over infancy, the result, it may be said, will be an increase of sickly adults and degeneration of race. All breeders of animals throw aside bad specimens. The Spartans did not allow the father to dispose of his child as he thought fit, for he was obliged to take it to the tryers, who, if they found it puny and ill-shaped, ordered it to be carried to a sort of chasm under Taygetus; of this course Socrates in Plato approves. At Athens and Rome the infant at birth was laid upon the ground, and was abandoned to its fate if the father did not lift his child from mother earth, who was assumed to have claims upon its fragile body. The Romans were reproached by the Christian fathers for their inhumanity. "Which of you," says Tertullian, upbraiding the Gentiles in rude eloquence, "has not slain a child at birth?" Thus the right of a child to life was questioned at its very threshold, and he only won it after examination. Children were dipped, like Achilles, in cold water to harden, or to kill them, as the case may be. Through Christianity, through one of the leading races of mankind—the Jews—and through the manly sense of the Anglo-Saxons, we have been led to look upon children in another light, and be they weak or strong their lives are sacred in the eyes of English law. Experience has justified this policy. Great qualities of soul are often hidden in the frailest child. One Christmas-day a premature posthumous son was born in England of such an extremely diminutive size, and apparently of so perishable a frame, that two women who were sent to Lady Pakenham, at North Witham, to bring some medicine to strengthen him, did not expect to find him alive on their return. He would inevitably have been consigned to the caverns of Taygetus if the two women had carried him to Spartan tryers. As it was, the frail boy grew up into Newton, lived more than four-score years, and revealed to mankind the laws of the universe. If he had perished, England would not have been what it is in the world. In Paris one evening a puny child in a neat little basket was picked up: he had been left at the church door; the commissary of police was about to carry him to the foundling hospital, when a glazier's wife exclaimed: "You will kill the child in your hospital, give him to me; I have no children, I will take care of him." She cherished her boy, poor as she was, until some one, perhaps his father, settled a small annuity on his life, with which he was educated at the Mazarin College, where he displayed the early genius of a Pascal; it was D'Alembert, to whom we are indebted for a new calculus, for the grand introduction to the Cyclopædia, and for innumerable physical discoveries. He was offered 100,000 francs a year by Catherine of Russia, but refused to leave his mother by adoption—the glazier's wife—and his country. It would be easy to multiply instances, to prove how impolitic it is to try to take away life on the verdict of the most clear-sighted tryers. How false, then, is the policy of exposing children to those blind tryers, the pestilences which infest infant life in Europe? Let the little strangers have a fair chance; in their respect, "Be given to hospitality, and you may entertain angels unawares."—*Medical Times and Gazette*, from Dr. WILLIAM FARR, on the Mortality of Children.



*New Brazilian Medical Journal.*—A friend has submitted to our examination the first three numbers of a new medical journal, the publication of which was commenced at Bahia on the 10th of July last, under the title of *Gazeta Medica da Bahia*. It is published by an association of physicians, the immediate editor being Dr. Virgilio Climaco Damazio. It is printed in large quarto, two columns on a page, in large type, each number consisting of twelve pages, and is published on the 10th and 25th of each month. The *Gazeta* is specially interesting as being the first attempt at medical journalism in South America. The contents of the numbers in our hands show that the writers are fully conversant with the progress of medical science in other parts of the world. We find articles on Local Anæsthesia, Public Hygiene, Cholera, &c. Dr. Wucherer (a Corresponding Member of the Massachusetts Medical Society) has an interesting paper on a case of connection between the gall-bladder and urinary bladder, by means of which biliary calculi were passed by the urinary passage. The whole appearance of this journal is highly creditable to the originators, and we most cordially wish it success.

---

*New Cupping Apparatus.* MESSRS. EDITORS,—Enclosed you will find a drawing of a cupping glass or tube, with a scarificator combined. Wishing to promote suppuration in the tonsils of a patient, I made a silver tube adapted to the size of the diseased tonsils, fitting it to my air-pump with the ordinary valve. Within the tube I adjusted a sliding scarificator, controlled and fixed in place by a shaft passing through the cap of the tube, with a rubber follower on the shaft to prevent the ingress of air. The scarificator when prepared for use, is fixed, so that the distended skin and integument, when drawn into the tube by the exhaustion of air, will be brought in contact with the points of the lancets, which are plough-share shaped, and obliquely directed in order to give a freer flow of blood. After the puncture, the blades can be withdrawn for the free flow of blood.

As the instrument has met with the approval of all who have used it, I would recommend it to the profession generally, as specially adapted for oral and vaginal use. Respectfully,

San Francisco, Oct. 9, 1866.

ELTON R. SMILIE.

---

*Prize of \$250 offered for the best Essay on the Etiology of Epidemics.*—A gentleman well known to the medical profession offers the above prize for the best essay on the Etiology of Epidemics, the prize to be awarded by himself, together with the three Professors of Theory and Practice in the three Medical Colleges of the city of New York. Essays or monographs on the above subject, in competition for the prize, must be founded on accurately kept meteorological and sanitary records, in connection with equally exact records of the prevalence and specific character of diseases. Data must be supplied of an authentic character, by means of which epidemic seasons may be compared hygrometrically, thermometrically, barometrically, &c., with those which precede and follow them. Essays may be addressed to the Editor of the *Medical and Surgical Reporter* until January, 1868, enclosed in the usual way, with a motto and sealed envelope containing the same and the author's name.

**Statistics of Paris.**—From the first of April to the first of July of the present year, the number of births in Paris was 13,405, the number of males being 263 in excess of the females. Of the whole number, 9,601 were legitimate and 3,854 were illegitimate. During the same period 4,877 marriages were contracted. The number of deaths was 11,114, of which 5,780 were of males. Of the whole number, 5,139 were born in Paris, and 5,975 elsewhere. Average number of deaths, 122 per day.

**Death of Dr. R. W. Gibbes.**—Dr. Robert W. Gibbes died in his native city, Columbia, S. C., on the 15th ult., aged 57 years. He was widely known for his literary and scientific tastes. He lost severely by the burning of Columbia—his fine mansion, with its valuable collection of paintings, fossil remains, and geological specimens, falling a prey to the flames. He leaves a numerous family of sons, daughters, and grandchildren.—*Medical Record*.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 3d, 1866.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	40	49	89
Ave. mortality of corresponding weeks for ten years, 1855—1865	36.9	37.0	73.9
Average corrected to increased population	00	00	79.85
Death of persons above 90	0	1	1

**COMMUNICATIONS RECEIVED.**—Malignant Disease of the Ovaries, &c., by Joseph H. Warren, M.D.—Purpura Hemorrhagica, Neuralgia, and other Complications, by N. L. Folsom, M.D., Portsmouth, N. H.—Proceedings of the Vermont Medical Society at its Fifty-second Annual Session; reported by the Secretary.

**BOOKS RECEIVED.**—Practical Therapeutics. By Edward John Waring, F.R.C.S., &c. From the Second London Edition. Philadelphia: Lindsay & Blakiston.—A Manual of Auscultation and Percussion. By M. Barth and M. Henri Roger. Translated from the Sixth French Edition. Philadelphia: Lindsay & Blakiston.

**JOURNALS RECEIVED.**—Medical Record, Nos. 16 and 17.—New York Medical Journal for October and November.—Medical and Surgical Reporter, Nos. 14—17.—American Journal of Medical Sciences for October.—Medical News and Library for October and November.—Buffalo Med. and Surg. Journal for October.—Chicago Med. Examiner for October.—Cincinnati Lancet and Observer for October.—The Cincinnati Journal of Medicine for October.—Medical Reporter, Nos. 15 and 16.—Nashville Journal of Medicine and Surgery for October.—Atlanta Medical Journal for October.—Southern Journal of Medical Sciences for November.—Richmond Medical Journal for October.—Pacific Medical and Surgical Journal for October.—L'Union Médicale, Nos. 113—124.—Journal de Médecine de Bordeaux for October.—London Lancet (reprint) for October.—Detroit Review of Medicine and Pharmacy for October.—Chemist and Druggist for October.—Druggists' Circular for October.—Bost in Journal of Chemistry and Pharmacy for November.—Dental Register for October.—New England Medical Gazette for October.—University Journal of Medicine and Surgery, Nos. 1—4.—United States Medical and Surgical Journal for October.—American Eclectic Medical Review for October.—Curtis's Journal of Education for October.—Hall's Journal of Health for November.—The Herald of Health and Journal of Physical Culture for November.—Phrenological Journal for November.—Ophthalmic Review for October.

**DEATHS IN BOSTON** for the week ending Saturday noon, Nov. 3d, 89. Males, 40—Females, 49. Accident, 1—apoplexy, 1—disease of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—cancer, 2—cholera infantum, 2—consumption, 23—convulsions, 2—croup, 1—debility, 2—diarrhoea, 2—diphtheria, 2—dropsy, 2—drowned, 1—dysentery, 1—remittent fever, 1—typhoid fever, 2—disease of the heart, 3—malformation of the heart, 1—infantile disease, 1—disease of the kidneys, 1—congestion of the lungs, 2—inflammation of the lungs, 7—marasmus, 4—old age, 6—premature birth, 1—puerperal disease, 2—smallpox, 2—teething, 2—thrush, 1—unknown, 4—uræmia, 1—whooping cough, 1.

Under 5 years of age, 25—between 5 and 20 years, 11—between 20 and 40 years, 17—between 40 and 60 years, 19—above 60 years, 17. Born in the United States, 53—Ireland, 30—other places, 6.